New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

November-December 1987

Home dialysis unit honored for excellence

"This recognition validates our philosophy of patient motivation and supportive, committed nursing care."
— Karen O'Neil, R.N.

The Deaconess home dialysis unit was named one of 15 centers of excellence in peritoneal dialysis, on the basis of a two-year study conducted by Travenol Laboratories. The study examined patient retention and training techniques for continuous ambulatory peritoneal dialysis (CAPD) programs at 150 facilities across the country.

CAPD is one of several methods of dialysis, a procedure that removes waste products from the blood of people with kidney failure. The technique allows considerably more freedom than does hemodialysis, in which patients are directly connected to an artificial kidney machine for several hours at a time. With CAPD, a dialysis solution is infused between the layers of the peritoneum (the lining of the abdominal cavity). The solution remains in the body for four to six hours, absorbing waste materials from the blood, then it is drained off. Patients can participate in most normal daily activities while undergoing CAPD, which is performed three or four times daily.

Karen O'Neil, R.N., assistant clinical leader in charge of the home dialysis unit, explains that the Deaconess unit's particular expertise in training patients with diabetes is one reason for its selection.

"Diabetic patients used to be regarded as too sick to do home dialysis. But 80 percent of our patients have diabetes, and we have the experience and resources to train them," she says. "CAPD actually is an excellent option for diabetic patients, because they can receive their insulin in the dialysis solution. Not only do they no longer have to give themselves injections, but the gradual infusion of insulin more closely duplicates normal insulin secretion."

Home dialysis patient Kyle McHugh (left) reviews the operation of the ultraviolet exchange device (UVXD) with Karen O'Neil, R.N., assistant clinical leader. The UVXD allows vision-impaired patients like McHugh to make easy, sterile connections to the dialysis lines.

Since the home dialysis unit was set up in 1981, more than 100 patients have been trained to handle their own dialysis needs. Although 90 percent of patients learn CAPD, training in hemodialysis and another peritoneal technique (continuous cycling peritoneal dialysis) also is available. Patients may begin training as inpatients with recently diagnosed kidney failure, or they may be outpatients who previously were treated at hospital-based or freestanding dialysis centers.

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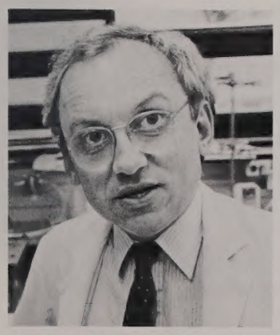
Hawiger receives MERIT award



Jack Hawiger, M.D., Ph.D.

Jack Hawiger, M.D., Ph.D., chief of experimental medicine, has received a prestigious MERIT award from the National Heart, Lung, and Blood Institute (NHLBI). MERIT (Method to Extend Research in Time) awards are given to a highly select group of investigators in recognition of outstanding research accomplishments, on the recommendaton of NHLBI's Advisory Council. The awards, which extend support under an existing grant for up to 10 years, acknowledge investigators working in important areas who have past records of scientific achievement and demonstrated leadership. This is the first MERIT award made to a Deaconess staff member.

Hawiger's research involves the study of blood clots: how they normally form to stop bleeding caused by an injury, how unnecessary clots can develop (a process called thrombosis) and obstruct blood vessels, and how thombosis might be prevented or reversed. Among the discoveries made by Hawiger's team are establishing the activation mechanism of platelets (blood cells that are linked together to form blood clots); determining that thrombosis in small blood vessels can be caused by infection, when certain bacteria produce a substance (endotoxic lipid A) which activates platelets; and development of the staphylococcal clumping test, used in the diagnosis of disseminated intravascular coagulation (a condition in which blood clots develop in small blood vessels throughout the body).

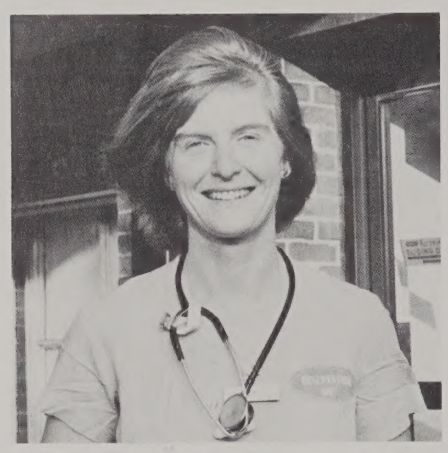
Robert C. Moellering Jr., M.D., chairman of the Department of Medicine, says, "The basic research conducted by Dr. Hawiger and his colleagues has direct application to such serious conditions as heart attack, stroke, and peripheral vascular disease. This extremely prestigious award is a further acknowledgement of the importance of their work."

Triage nurse saves Franklin boy

A very lucky, 9-year-old Franklin boy, Edward Jackson, owes his life to the quick thinking and medical expertise of Deaconess triage nurse, Joan Hoover, R.N., who saved him from drowning.

While enjoying a sunny August afternoon with her 14-month-old son at her condominium pool, Hoover spotted the Jackson boy, face down in the water, being dragged to the shallow end by a smaller boy.

"With the glare on the water, it was hard to tell if they were playing or if the boy needed help. As they got closer, I could see he was in trouble," says Hoover. "I turned him over and saw that he was totally limp and wasn't breathing, so I yelled over my shoulder for someone to call an ambulance and immediately started rescue breathing and cardiac massage [commonly called CPR or cardiopulmonary resuscitation]. I knew I only had about four minutes before brain damage, so I just kept doing CPR."



Joan Hoover, R.N., used her emergency skills to save a 9-year-old boy from drowning.

Although it seemed to Hoover like she did the breathing for 15 or 20 minutes, it actually was only about three minutes. "He must have been getting air because he finally vomited, and I could hear the air coming back. I felt really good when he came around," she says.

"When I asked him his name, and he said, 'Edward' right away, I knew he was ok," she says. (When a patient is able to say his name after such an episode, it is a clear indication of good neurological function.) "Then he started screaming. My face was only about two inches away from him, so I must have scared him. I was very relieved."

By this time the ambulance had arrived, and Jackson was taken to Milford-Whitinsville Hospital. Hoover called the emergency ward later that afternoon to check on his condition. She also was concerned that he may have suffered other injuries when he jumped into the pool. The hospital reported his condition was good, and he was released from the hospital after two or three days.

Hoover, who has been at the Deaconess for about two years, says this was the first time she had administered CPR outside a hospital setting.

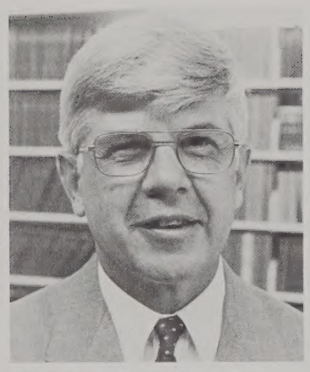
"Normally there are other people with you in an emergency, so you can talk about what to do next as you work," she said. "The lifeguard — who was about 16 and didn't see it happen — was next to me, but when I asked him if the boy had a pulse, he said 'I don't know.' Then I realized that I was going to have to do this myself."

Hoover has seen Jackson playing outside since his return from the hospital, and says he looks fine. After the incident, the condominium complex took immediate steps to strictly enforce the rule that no children under 14 be allowed at the pool without an adult.

"Everyone at the pool that day was affected by the incident," Hoover says. "Several people have asked me where they can take CPR courses. I told them that CPR courses are available through the American Heart Association or by calling the local fire department. Local newspapers often advertise such courses, too.

"When it comes to a child's safety, you can't take your eyes off them for a minute. It only took a minute for him to panic. I'm just glad I was able to help, and I'm glad all my years of hospital experience paid off."

Quickel named president of Joslin Diabetes Center



Kenneth E. Quickel Jr., M.D.

Kenneth E. Quickel Jr., M.D., has been named president of Joslin Diabetes Center, succeeding Robert F. Bradley, M.D., who is retiring after 10 years as Joslin president.

Quickel has been chairman of the board of the St. Paul-Ramsey Foundation, the research and education arm of the Ramsey Clinic, a 200-physician multispecialty group practice in St. Paul, Minnesota. He previously was president of the Ramsey Clinic and also has been president of Geisinger Medical Center in Pennsylvania.

"We are extremely happy to announce that someone with Dr. Quickel's exceptional qualifications will be heading Joslin," says Patrick O'Neill, chairman of the Joslin Board of Trustees. "It is our hope that, under Dr. Quickel's leadership, we will expand even further our battle to improve the lives of people with diabetes and ultimately to find a cure for the disease."

A board-certified endocrinologist, Quickel is a graduate of Dartmouth College and Johns Hopkins University School of Medicine. He received residency training at Johns Hopkins Hospital and Duke University Medical Center, where he also completed clinical and research fellowships in endocrinology.

Joslin Diabetes Center has had a close relationship with the Deaconess since it developed from the private practice of the late Elliott P. Joslin, M.D., long-time Deaconess staff member and pioneer in the education and treatment of diabetic patients. Among the institutions' many cooperative programs are the Diabetes Treatment Unit, where ambulatory patients receive intensive training in living with diabetes, and several research and educational efforts.

Home dialysis *(continued from page 1)*

"The training time varies, from seven days for peritoneal dialysis to four to six weeks for hemodialysis," O'Neil says. "But our work continues after the patients have finished their initial training. We talk with them on the phone frequently to follow up on their progress, and one of us is on call 24 hours a day. Patients come in for monthly clinic visits, and if they are rehospitalized for other medical problems, we help them maintain self-dialysis while they are inpatients."

The Travenol study was set up to identify procedures and practices that contributed to high patient retention rates (the numbers of patients successfully maintaining themselves on dialysis). Statistics on the 150 participating units were compared with those from almost 500 CAPD centers monitored by the National Institutes of Health. The study revealed that although the Deaconess unit has more than twice the average percentage of patients with diabetes or cardiovascular disease (conditions expected to complicate home dialysis), its patient retention rate is significantly higher than the national average.

"All of us are very proud of this recognition," O'Neil says. "We feel it validates our philosophy of patient motivation and supportive, committed nursing care."

Kessler represents hospital in ecumenical AIDS efforts

"Current projections about AIDS indicate that this disease may outstrip the capacities of our health care facilities. The situation may require support of a community network to provide education and hands-on care of patients; and churches would be an ideal source for that network," says Charles Kessler, a chaplain in the Deaconess Pastoral Care Department.

Kessler deals with the challenge of ministering to Deaconess patients with AIDS every day. He also has served as the hospital's representative to several ecumenical groups addressing the role of churches in the AIDS epidemic, on a local, national, and international level.

"Back in the fall of 1985," he says, "the Episcopal bishop of Massachusetts, David Johnson, called together an ecumenical task force on AIDS, of which I am a member. The group's work focuses in three areas: education, support to caregivers, and ministry to all those affected by AIDS through healing services."

The healing services have been held monthly at churches throughout Boston since December 1985. They are an opportunity for people with AIDS, their families and friends, health care workers, and anyone else concerned to gather and share their grief and hope, and to find solace in the support of others. The August service was held in the Deaconess chapel.

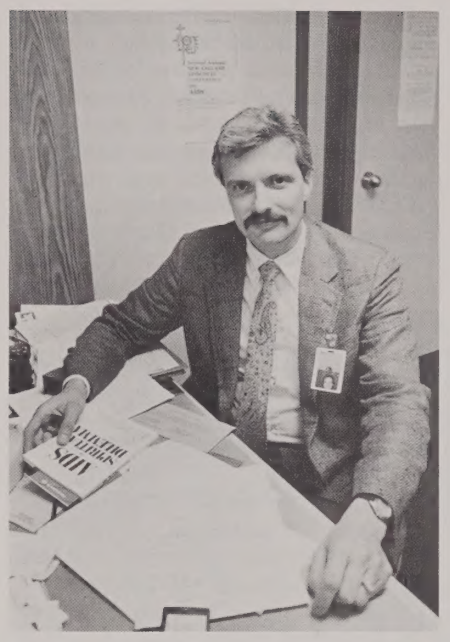
"Most of the services have drawn hundreds of people," Kessler says, "but because so many people are on vacation in August, it was the perfect time to have the service here. The 40 people who attended — patients, staff, loved ones, and those from the wider community — found it helpful in dealing with the stress and strain of this awful illness. I got a call a few days later from a woman who works at another Boston hospital. She had lost a brother to AIDS, and even though she could not attend our service, she said just the fact that it was held at a hospital gave her a tremendous sense of support."

In addition to his work with the task force, Kessler has spoken about AIDS at churches throughout the Boston area. In June he attended a meeting of the national organization of the Episcopal Church, which developed ideas for widespread efforts in education, working to assure the civil rights of people with AIDS, and ministering to caregivers.

"I'm always proud to represent the Deaconess and the work it has done in responding to the AIDS crisis. The staff here treats patients with such kindness and care; they work in hundreds of ways to counteract the humiliation and alienation so many patients have experienced elsewhere," he says.

"I see my work with patients as one of reconciliation. Frequently they have been rejected by so many people in their lives that they test me to see if I'll reject them, too. Often the relationship with a minister can be an opportunity for patients to test the waters before confronting family members with their illness and its implications. It's a privilege to support them at these times."

In June 1986, Kessler was one of 18 participants in a World Council of Churches consultation on AIDS at Geneva, Switzerland. He says, "There were representatives from Africa, Europe, India, the Caribbean, and North America. We came to appreciate what a staggering problem this disease is internationally.



"I believe that AIDS is judging our compassion and ability to respond to human suffering."
— Charles Kessler, Pastoral Care

"There is a real need for churches to respond to this situation locally and worldwide, to cooperate with medical officials in disseminating information and going beyond groundless fears. Many people's image of how churches respond to AIDS has been one of judgment and punishment. But I believe that AIDS is judging the churches — judging our compassion and ability to respond to human suffering."

Kessler also finds personal support in these activities. "In this work, there is a tremendous amount of sadness and grieving; as a pastor, it's always a challenge to cope. Being involved with the ecumenical task force and the other groups gives me a chance to relate with others ministering to people with AIDS. Sharing with them helps me let go of some of the sadness."

Ewing-Current named Maintenance and Engineering director

Marcia A. Ewing-Current has been appointed director of Maintenance and Engineering. She is responsible for the operation of all aspects of the physical plant, for grounds, and for biomedical electronics.

Ewing-Current previously was manager of corporate facilities at Beatrice Companies, Inc. in Chicago and has held similar positions at International Harvester Company, Johnson & Johnson, and Western Electric.

"One reason I chose to work in a hospital is that I could indirectly contribute to patients' well-being by using my creativity and past experiences. It's a new and exciting challenge," she says.

Among her accomplishments with previous employers, she has designed and put into place facilities preventive maintenance programs. At Johnson & Johnson, she developed a performance assessment system to identify talented employees for promotion. While at Beatrice Companies (a manufacturer and distributor of food and consumer products), she directed the design and construction of facility remodeling projects, which were all completed under budget and on time.

Ewing-Current says she believes in the importance of communication and employee development. "So often, maintenance and engineering managers are perceived as only caring about how things run. People make things run, and they are the most important element. You must rely on people not only in your own department but in other departments, too. It's a team effort and good communication is key."

A native of Dallas, Ewing-Current received a bachelor's degree from the University of Colorado and a master's degree from the University of North Carolina.

She says, "I'm happy to be in Boston and at the Deaconess, and I'm very grateful to the Deaconess people who have helped make my relocation go smoothly."

Many take advantage of early retirement program

More than 110 long-time hospital employees retired in September, under an early retirement program offering enhanced pension benefits. The program was instituted to help the hospital cut costs in the face of a serious budget deficit for the 1987 fiscal year.

Dean Manheimer, vice president for Human Resources, says, "Early retirement was a creative way for us to deal with some of the hospital's financial problems in the most compassionate way possible. The fact that so many employees chose to accept the program — almost 70 percent of those who were eligible— indicates how attractive it was. Mark Grubbs [manager of compensation and benefits] and Jocelyn Wise [retirement benefits coordinator] did a great job of helping our retiring employees prepare for this big change."

Hospital employees said goodbye to their retiring colleagues at eight parties held at the end of September. Although those accepting the program made their decision within a short time span, many already have plans for using their new free time.

Walter Hirtle, who worked in Maintenance and Engineering for 16 years, is going into business for himself doing general home and appliance repairs. "I can't stop working," he says. "The program they offered us was a great deal. The Deaconess has always taken good care of its people."

Gladys Healy, manager of Telecommunications, will travel to the Soviet Union; when she returns, she plans to expand her long-time hobby of creating flower arrangements for weddings. She says, "When people ask about my many years at the Deaconess, I tell them what Zee Gorman [another retiree] said at one of the parties, 'I wouldn't have missed it for the world.' "

John Pikula, M.D., Department of Surgery (right), accepts a gift from William V. McDermott, M.D., retired chairman of Surgery.

Gladys Healy, Telecommunications manager (left), and Eleanor Lowry, patient and family relations coordinator, reminisce about their years at the Deaconess.

Mary Brown, Surgical Services (right), thanks Connie Nielsen, Department of Surgery, for her farewell gift.

Frank Bettinelli, histology lab supervisor, shows off his gift clock.

Barbara Moody, Nursing (left), is delighted with her gift—a Deaconess volunteer's smock—from Judith Miller, R.N., senior vice president for Nursing.

Major grant support received for transplantation research

Anthony P. Monaco, M.D., chief of organ transplantation, has received a research grant of more than $2 million from the National Institute for Allergy and Infectious Disease (NIAID). This grant, combined with support to other investigators within the division, brings funding for transplantation research at the Deaconess to more than $4 million over the next five years.

"This award is a continuation of NIAID support we've had for the past three years, and it represents a significant increase in funding, from $1 million to $2 million," Monaco says. "It's a real confirmation of the important research being conducted here at the Deaconess."

The grant supports research in five areas. The first is the induction of immunologic unresponsiveness in transplant recipients—that is, keeping the immune system from rejecting a transplanted organ without the use of powerful immunosuppressive drugs. A promising method will soon go into clinical trials, using injections of antilymphocyte serum, which interferes with the action of immune system cells, and antigens (substances recognized by the immune system) from the organ donor.

The second project is development of immunologic tests for organ rejection. Currently, rejection can be detected only by an organ biopsy (a surgical procedure) or when symptoms of organ failure appear after damage has occurred. Deaconess researchers have developed a test to detect molecules called lymphokines, which are released by activated immune cells. The presence of a lymphokine called Interleukin-2 (the same substance used as an experimental cancer treatment) seems to indicate that the immune system is "turned on" and rejection is about to occur.

The development of pancreas islet cell transplants is the third project. Deaconess scientists have made progress isolating islets, the insulin-producing cells of the pancreas, and are investigating the advantages of transplanting cells from multiple donors. Soon to begin are Phase I trials of islet cell grafts, to evaluate whether cells implanted in a patient's arm survive and produce insulin.

Small bowel transplantation is an area showing new promise. The small bowel is particularly difficult to transplant because it naturally contains many immune system cells. The cells can mount a rejection reaction against the recipient's body, causing a potentially fatal condition called graft-versus-host disease (GVHD). Animal studies have led to ways of eliminating GVHD and have shown that transplanted organs function in the recipient. Further studies are needed before human trials begin, but the procedure has great promise for improving the quality of life of patients who have lost this organ to illness or injury.

The fifth project is the isolation of lymphokines produced by the body's suppressor cells, factors which naturally "turn off" the immune system. Suppressor cell hybridomas (made by fusing a suppressor cell with a special tumor cell) have been created and produce lymphokines in the laboratory. Work now focuses on isolating the lymphokines most useful in preventing rejection.

Along with Monaco, transplantation investigators include James Gozzo, Ph.D.; Takashi Maki, M.D., Ph.D.; and Mary Wood, M.A.

Mary Lane, R.N., Nursing (left); Ellen Souza, Fiscal Services (center); and Marge Wiggins, R.N., Director of Nursing-Medical Surgical, were among 125 Deaconess employees who participated in State House Action Day in September. More than 6,000 hospital workers from across the state rallied on Boston Common to protest hospital funding cuts included in the governor's proposed health care legislation. The final law has yet to be passed, but efforts by hospitals and health care workers had a major impact on members of the state legislature.

Committee monitors quality of patient care

Last year the Massachusetts legislature passed a new medical malpractice law, Chapter 351, giving the state Board of Registration in Medicine increased power to monitor the performance of the state's physicians and to assess the care given to patients in both hospital and office settings. In response to new regulations established by the board to comply with the law, the Deaconess has established a patient care assessment committee.

Elizabeth Wood, director of Quality Assurance/Risk Management and a member of the committee, says, "The new regulations require us to make a variety of regular reports to the board, and there is a heavy emphasis on internal reporting of incidents that may reflect problems in patient care. We've always had our own systems of overseeing quality of care; what is different is the involvement of this outside agency."

The goals and objectives of the patient care assessment committee are as follows:

- To ensure the delivery of high-quality, appropriate patient care and foster effective communications between health care providers and their patients.
- To establish a system to ensure that all hospital physicians possess the qualifications and provide the information required by the Board of Registration in Medicine.
- To identify potential or actual problems related to patient care and clinical performance through continuing monitoring and evaluation.
- To establish preventive measures designed to eliminate or minimize the occurrence of substandard clinical practice.
- To monitor problems through to resolution, ensuring that desired results have been accomplished.
- To conduct follow-up review necessary for investigation of adverse incidents and for identification of trends or patterns of risks.
- To educate hospital health care providers and employees regarding the patient care assessment program and related rights and responsibilities.
- To document patient care assessment program activities and results in order to substantiate the program's effectiveness.

Although the committee has primary accountability for the patient care assessment program, the new regulations also stipulate that all health care workers have a responsibility to report possible violations of Chapter 351 and any regulation of the Board of Registration in Medicine to the board. Employees cannot be penalized or discriminated against for making such a report. (Anyone making a report to the board, however, should first notify the patient care assessment committee by calling Elizabeth Wood at 2-8880.) Copies of Chapter 351 and other regulations are available in Horrax Library, and employees will receive appropriate instructions and information regarding their responsibilities from their supervisors.

In addition to Wood, the patient care assessment committee consists of John Carlson, trustee representative; Laurens MacLure, president; Curtis Smith, senior vice president for Operations; and the chairmen of the five clinical departments.

Medical records backlog brought into JCAH compliance

Thanks to a major effort by the Medical Records Department, medical staff, residents, and other hospital employees, a serious backlog in delinquent patient medical records has been brought to within acceptable standards of the Joint Commission on Accreditation of Hospitals (JCAH).

Last year the large number of incomplete medical records — those that needed additional information or a signature from an attending physician — jeopardized the hospital's accreditation. This summer the number reached a low point of 446, well within JCAH guidelines.

Louise Thompson, director of Medical Records, says, "The employees in the department did a remarkable job. There was an enormous amount of work involved in processing these records and reducing the backlog from more than 6,000 records in April 1986, to 3,000 in September 1986, to less than 500 in July. Everyone in the department helped out, even those not usually responsible for completing records, working nights and weekends to get caught up. We also received an incredible amount of support from the medical staff and administration."

Ern Hendrickson, medical records file clerk, prepares records for physicians' review and signature. Last year these shelves overflowed with a backlog of up to 6,000 delinquent records.

Curt Smith, senior vice president for Operations, says, "The entire Medical Records group deserves commendation for their accomplishment, but Louise Thompson and Olga Marcial [manager of analysis] should have special recognition. And there were members of the medical staff who really made this effort possible, particularly Dr. Bothe [Albert Bothe, M.D., associate chairman of the Department of Surgery], last year's chief medical residents [Thomas Bartzokis, M.D., and Gregory Longmore, M.D.], and this year's chiefs [John Doweiko, M.D., and Brian Remillard, M.D.]. Because of their effort, our full accreditation has been approved."

With the new systems and programs Medical Records has set up to help physicians complete patient records (as described in the March-April issue of *Pulse*), a major backlog should not occur again. Thompson says, however, "We can't just relax now and let things slide, because it would be very easy to get out of compliance again. It is always essential that attending physicians and residents complete their records in a timely fashion. And our staff is here to help them in any way necessary."

WE GET LETTERS

The Deaconess has always been proud of its employees and the excellent care they deliver. This pride is reinforced by the letters often sent by patients, thanking the hospital for the caring and personal attention they experienced during their stay. The following letter recently was sent to Richard Lee, executive vice president.

I am writing this letter to praise your employees and the care I received during the preadmission testing and while I was an inpatient.

I went in for preadmission testing on August 7. I really expected to be out in an hour, but received over two hours of extensive, throrough exams, tests, and interviews. I was very impressed, especially with the resident who examined me, Dr. Misare (Bruce Misare, M.D., surgical resident). He was very thorough in his exam, yet very gentle. He also assisted Dr. Schuler (John Schuler, M.D., general surgeon) with my surgery on August 14 and was the resident who came to see me every day after the operation. He'll make a great doctor when he's finished, and I think you should commend not only his medical ability, but also his caring attitude toward patients. That's hard to find these days.

Another thing which impressed me is that everything I said during preadmission was apparently taken into consideration when I actually underwent the surgery and for the few days post-op. I'm specifically referring to the amount of anesthesia and pain-killing drugs which I was given. This was the first time ever that I was not nauseated for one minute after surgery. Everyone was very careful not to give me too many drugs (and I assume anesthesia), and they gave me medicine to combat nausea with the pain medicine. They really heeded my request not to bombard my rather petite body with loads of drugs—just enough to do the job.

Last, but not least, is the superb nursing care I received on Palmer 4. There was not one nurse who was not caring and helpful and kind. Although they were very overloaded with some very sick patients, they never made you feel as if it were a bother to answer your call. The most crucial time for a patient, as well as the most uncomfortable, is the day of surgery and the one day following. I had great, dedicated nurses on those days. I never had to wait very long for them to answer my call. They were wonderful.

Mickey Golden was my favorite nurse on those days. She had so much energy and patience and a sense of humor, and I know she had a lot of other patients to care for. She was the best nurse I've ever seen. There was also a very nice, gentle, able nurse called Donna Everett, and a night nurse called Jeff Huyett.

Please pass my feelings on to those nurses I've mentioned. It may help them to know that they really *do* make a difference and we really do notice the quality and quantity of work they do.

Sincerely,
Barbara Wakefield
Natick, Massachusetts

Emphysema patient helped by new procedure

Andover resident Robert Look, aged 65, has emphysema and has required long-term oxygen therapy since February 1986. To get the oxygen he needs, he has used a nasal cannula — a green or clear plastic tube that passes over the ears, across the face, and into the nose. Using the cannula caused problems, however; it so dried up his sinuses that they bled frequently and affected his sense of taste and smell. When Look heard about a new procedure called transtracheal oxygen therapy as an alternative to the nasal cannula, he approached Richard Rose, M.D., chief of pulmonary medicine at the Deaconess, about the treatment.

Rose consulted with Joseph Zibrak, M.D., medical director of respiratory therapy, who determined that becaue of Look's age and general good health, he would be an appropriate candidate for the new procedure. In the procedure, a small catheter is inserted through the skin of the neck directly into the trachea or windpipe, allowing the oxygen to go directly into the lungs. The procedure is performed under local anesthesia, usually on an outpatient basis, and takes approximately 30 minutes.

During a hospital stay in March of 1987 for another procedure, Look received the new catheter. "It was the easiest thing I ever did; it's like getting a shot. Afterwards, my sinuses cleared up, my sense of taste and smell improved, and I found it easier to breathe and sleep at night," he says.

"Most patients are much happier with the transtrachael catheter," says Zibrak, "because it is not as noticeable and irritating as the nasal cannula. Also, the catheter does not become dislodged at night while patients are sleeping; this improves patient compliance and provides the necesssary total hours of usage. One of the most significant advantages of the transtracheal catheter is that increased usage may, in turn, help patients live a longer life."

The benefits of transtrachael oxygen therapy include:

- Lower oxygen requirements — because the catheter delivers the oxygen right where it is needed;
- Increased mobility — most patients can use lighter, more compact liquid oxygen sources;
- Improved comfort and convenience — the catheter is usually more comfortable than a nasal cannula. It avoids the common irritation of the ears and nose and does not get in the way while eating, shaving, putting on makeup, and talking on the phone;
- Improved appearance — the catheter and connecting tube may be hidden under clothing.

"Some patients are concerned that the catheter will interfere with speech or that it will be a permanent, irreversible condition, but those are false assumptions," says Zibrak. "The drawbacks or complications are relatively minor. For example, occasionally, thick mucus adheres to the catheter, which must then be removed; or there may be some discomfort around the trachea and some coughing after the transtracheal procedure. Patients also need to be monitored for any evidence of local infection around the insertion site."

"Except for having to clean the catheter, I don't even know it's there," says Look. "It really has made a difference in my life. I would definitely recommend it to others."

Joseph Zibrak, M.D., medical director of respiratory therapy (left), shows a transtracheal oxygen catheter to emphysema patient Robert Look. The catheter, placed in Look's neck, allows the oxygen he needs to be delivered more directly to his lungs.

Pierce honored for safety efforts

Ellison C. Pierce Jr., M.D., chairman of the Department of Anaesthesia, has received a special citation from the United States Food and Drug Administration (FDA) for his outstanding leadership in anesthesia patient safety.

At the award ceremony in July, Frank Young, M.D., FDA commissioner, commended Pierce for his exceptional vision and courage, particularly for organizing the Anesthesia Patient Safety Foundation in 1985. According to the FDA, the foundation has become a recognized leader in patient safety through its important and comprehensive national program to improve patient safety in anesthesia.

Pierce says, "I am pleased to receive this citation because it indicates that some of our efforts to prevent mortality through safer anesthesia procedures are succeeding. I think that over the last five years anesthesia untoward events have declined significantly."

Pierce is a past president of the American Society of Anesthesiologists.

Ellison C. Pierce Jr., M.D., (left), chairman of Anaesthesia, receives the FDA special citation from Frank Young, M.D., FDA commissioner (center), and John A. Norris, J.D., deputy commissioner.

NEDH in the news

Deaconess people in the news in the past few months include:

- Joan Borysenko, Ph.D., associate director, behavioral medicine, has appeared to talk about her book *Minding the Body, Mending the Mind,* on several local and national radio and television programs. In the Boston area she has been on Channel 5's "Good Day" program and radio stations WBCN, WHDH, and WKOX.
- Jeffrey Dover, M.D., chief of dermatology, was interviewed about the relation of sun exposure to aging and skin cancer on Channel 7's "Nancy Merrill Show."
- Brigitta Erling, R.D., M.P.H., Dietetics, discussed nutrition for a call-in talk show on WHDH radio.
- Jerome Groopman, M.D., chief of hematology/oncology, and James Levine, M.D., oncologist, were interviewed regarding Groopman's research into GM-CSF, a blood cell growth factor that shows promise in the treatment of AIDS, for the Channel 7 evening news.
- Marion Longo, R.N., M.S., psychiatric clinical nurse specialist, discussed caring for people with AIDS on WZLX radio.
- Richard Nesto, M.D., cardiologist, was interviewed regarding the nutritional value of ice cream for the Channel 4 evening news. He also discussed silent heart attacks and myocardial ischemia on "AM Philadelphia," a local television program.

news in brief

Geung Hwan Ahn, M.D., anatomic pathologist, has joined the Department of Pathology. He held several hospital and academic appointments in his native Korea before moving to the United States. He has completed research fellowships at Mass. General Hospital and most recently was chief pathology resident at NEDH. His research interests include small cell carcinoma of the thyroid gland, gynecologic malignancies, and phenotypic expression and differentiation of tumors by immunohistochemical techniques.

Menelaos Aliapoulios, M.D., general surgeon, was education leader for a group of twelve American surgeons visiting the Soviet Union, where he gave cancer lectures in four Russian cities.

Charles F. Arkin, M.D., chief of clinical pathology, spoke on internal quality control in the clinical coagulation laboratory at the International Symposium on Quality Control, held in Japan.

Ronald Bardawil, M.D., cytopathologist, has joined the Department of Pathology as director of the cytology lab. He was a resident at the University of Chicago Hospitals and held a fellowship in cytopathology at Memorial-Sloan Kettering Cancer Center in New York. He also studied at the Karolinska Hospital in Sweden. He is particularly interested in promoting the use of fine needle aspiration cytology.

Richard J. Baptista, M.S., R.Ph., general manager, Deaconess Home Health Care, coauthored a paper on base solution limitations and patient-specific TPN admixtures, published in *Nutrition in Clinical Practice.*

Paul A. Church, M.D., urologist, has joined the Department of Surgery. A graduate of Cornell University Medical College, he received residency training at New York Hospital and was in practice in Allentown, Pennsylvania. He is especially interested in evaluating treatment methods for impotence in diabetic men and diagnosis and treatment of prostate cancer.

F. Henry Ellis Jr., M.D., Ph.D., chief of cardiothoracic surgery, chaired a session and presented papers on surgery for achalasia, fundoplication for gastroesophageal reflux, carcinoma developing in achalasia, and malignant degeneration of Barrett's esophagus to the International Organization for Statistical Studies on Diseases of the Esophagus. He gave a paper on surgery for adenocarcinoma of the esophagogastric junction at the *Societe International de Chirurgie* meeting in Australia, and has been named to the editorial board of a new journal, *Diseases of the Esophagus.*

Gerald Galuardi, Quality Assurance, has been named to the DRG advisory subcommittee of the Massachusetts Peer Review Organization.

Anne Gross, administrative assistant, School of Nursing, has been named a certified professional secretary by the Institute for Certifying Secretaries of Professional Secretaries International.

Gary Gibbons, M.D., chief of vascular surgery, was elected vice chairman of the council on foot care of the American Diabetes Association. He also serves as chair of the association's task force on reimbursement for diabetic foot care.

John Giurini, D.P.M., James Chrzan, D.P.M., podiatrists, and **Geoffrey Habershaw, D.P.M.,** chief of podiatry, coauthored an article on panmetatarsal head resection for treatment of chronic neuropathic ulceration, published in the *Journal of Foot Surgery.*

Thomas Hill, M.D., radiologist, spoke on the clinical relevance of measuring cerebral perfusion and discussed brain imaging at a SPECT minisymposium at the meeting of the Society for Nuclear Medicine. He also was elected to the board of directors of the society's brain imaging council.

Mitchell Kantor, M.D., plastic surgery resident, spoke on ambulatory plastic surgery at the University of California at San Diego.

Lori Laffel, M.D., pediatric endocrinology/metabolism, has joined the Department of Medicine. Affiliated with Joslin Diabetes Center, she completed clinical and research fellowships at Joslin and at The Children's Hospital.

Robert S. Lees, M.D., chief of peripheral vascular disease, and **Ann M. Lees, M.D.,** research staff in Medicine, were coauthors of an article on accumulation of low density lipoproteins by the healing rabbit arterial wall, published in *Arteriosclerosis.*

William Lockard Jr., M.D., administrative pathologist, spoke on the pathology resident in-service examination at the annual Residency Program Director's Conference.

H. Esterbrook Longmaid III, M.D., radiologist, has joined the Department of Radiology. Most recently, he was a staff radiologist and in charge of the magnetic resonance imaging (MRI) unit at Dartmouth-Hitchcock Hospital in New Hampshire. Previously he was on staff at Brigham and Women's Hospital, where he had his residency training. His interests include cross-sectional imaging, including ultrasound, CT scans, and MRI.

Ann M. Melf, R.N., team leader, Radiation Therapy, recently was certified by the Oncology Nursing Certification Corporation.

Mitchell Gotoh, M.D., research fellow; **Takashi Maki, M.D., Ph.D.,** Cancer Research Institute; **Janice Porter,** senior research technician; and **Anthony Monaco, M.D.,** chief of organ transplantation, presented a paper on induction of unresponsiveness to islet allografts at the American Society of Transplant Surgeons.

Daniel Miller, M.D., chief of otolaryngology, received a presidential citation at the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery.

Richard Nesto, M.D., cardiologist, spoke at a workshop on silent myocardial ischemia, held in Germany. He also delivered the cardiology lecture at the internal medicine update for the American Academy of Family Practice, where he and **Kevin Kett, M.D.,** cardiology fellow, also presented a scientific exhibit.

Lawrence Nichols, M.D., pathology resident, presented poster sessions on cross-resistance emerging during beta-lactam therapy and on AIDS and the central nervous system at the interscience conference on antimicrobial agents and chemotherapy, sponsored by the American Society for Microbiology.

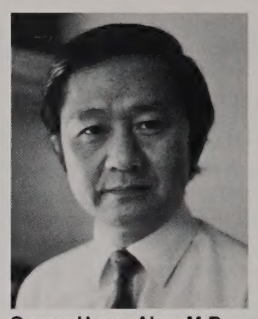
Ellison C. Pierce Jr., M.D., chairman of Anaesthesia, was on the faculty of a JCAH teleconference series on a patient-centered approach to risk management and the Joint Commission standards.

Laureen Smith, R.N., staff nurse, MICU, published an article entitled "If It's AIDS, Please Don't Tell" in the *American Journal of Nursing.*

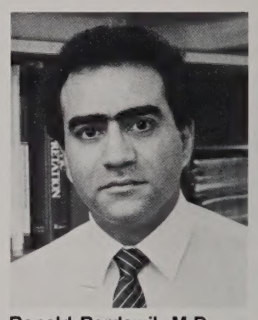
Sandy Smith, M.T. (ASCP), medical technologist, gave a lecture on special laboratory safety programs to the Harvard Medical School safety committee.

Donna Walsh, M.T. (ASCP), supervisor, chemistry laboratory, has been appointed to the American Society of Clinical Pathologists Teleconference Program.

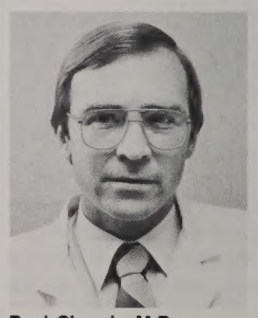
Francis Wolfort, M.D., chief of plastic surgery, authored a chapter on breast reduction in *Fundamentals of Plastic Surgery,* published by Williams and Wilkins.



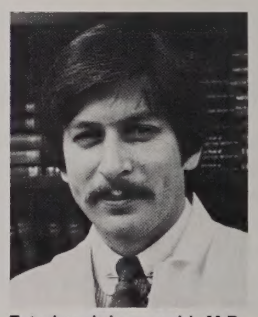
Geung Hwan Ahn, M.D.



Ronald Bardawil, M.D.



Paul Church, M.D.



Esterbrook Longmaid, M.D.

Long-time employees retire (see page 4)

Retiring employee, Bob Desmond, Alpha Credit Union, will probably need his gift umbrella for his planned trip to England.

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